



Winston H. Hickox
Secretary for
Environmental
Protection

State Water Resources Control Board

Division of Water Quality

1001 I Street • Sacramento, California 95814 • (916) 341-5538
Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977
FAX (916) 341-5543 • Internet Address: <http://www.swrcb.ca.gov>



Gray Davis
Governor

To: STORM WATER DISCHARGER

SUBJECT: CHECKLIST FOR SUBMITTING A NOTICE OF INTENT

In order for the State Water Resources Control Board to expeditiously process your Notice of Intent (NOI), the following items must be submitted to either of the addresses indicated below:

1. _____ NOI (please keep a copy for your files) with all applicable sections completed and original signature of the facility operator;
2. _____ Check made out to the "State Water Resources Control Board" with the appropriate fee. The regular fee is **\$700.00**. Dairy farms pay a one time fee of \$2000.00; and
3. _____ Site Map of the facility (see NOI instructions). **DO NOT SEND BLUEPRINTS**

U.S. Postal Service Address

State Water Resources Control Board
Division of Water Quality
Attn: Storm Water Section
P.O. Box 1977
Sacramento, CA 95812-1977

Overnight Mailing Address

State Water Resources Control Board
Division Of Water Quality
Attn: Storm Water, 15th Floor
1001 I Street
Sacramento, CA 95814

NOIs are processed in the order they are received. A NOI receipt letter will be mailed to the facility operator within approximately two weeks. Incomplete NOI submittals will be returned to the facility operator within the same timeframe and will specify the reason(s) for return. If you need a receipt letter by a specific date (for example, to provide to a local agency), we advise that you submit your NOI thirty (30) days prior to the date the receipt letter is needed.

Please do not call us to verify your NOI status. A copy of your NOI receipt letter will be available on our web page within twenty-four (24) hours of processing. Go to: <http://esmr.swrcb.ca.gov/dwq/IndReceiptLetter.asp> to retrieve an electronic copy of your NOI receipt letter. If you have any questions regarding this matter, please contact us at (916) 341-5538.

FOR STATE USE ONLY:

<input type="checkbox"/> Facility Operator Mailing Address (Section II)	<input type="checkbox"/> Facility Mailing Address (Section III, B.)	<input type="checkbox"/> Both
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[illegible]

Your facility's storm water discharges flow: (check one) ☐ Directly OR ☐ Indirectly to waters of the United States.

Name of receiving water: _____
(river, lake, stream, ocean, etc.)

<p>A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) <i>(check one)</i></p> <p><input type="checkbox"/> A SWPPP has been prepared for this facility and is available for review.</p> <p><input type="checkbox"/> A SWPPP will be prepared and ready for review by (enter date): ____/____/____.</p>	
<p>B. MONITORING PROGRAM <i>(check one)</i></p> <p><input type="checkbox"/> A Monitoring Program has been prepared for this facility and is available for review.</p> <p><input type="checkbox"/> A Monitoring Program will be prepared and ready for review by (enter date): ____/____/____.</p>	
<p>C. PERMIT COMPLIANCE RESPONSIBILITY</p> <p>Has a person been assigned responsibility for:</p> <p>1. Inspecting the facility throughout the year to identify any potential pollution problems? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Collecting storm water samples and having them analyzed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. Preparing and submitting an annual report by July 1 of each year? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Eliminating discharges other than storm water (<i>such as equipment or vehicle wash-water</i>) into the storm drain? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

A. WASTE DISCHARGE REQUIREMENT ORDER NUMBER: B. NPDES PERMIT CA

I HAVE ENCLOSED A SITE MAP	YES[]	A new NOI submitted without a site map will be rejected.
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"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: _____

Signature: _____ Date _____

Title: _____